

Knollwood Energy of MA LLC P.O. Box 30 Chester, New Jersey 07930

MHPUC 14JAN 16am 11:18

January 11, 2016

Debra A. Howland Executive Director New Hampshire Public Utilities Commission 21 South Fruit Street, Suite 10 Concord, NH 03301-2429

Dear Ms Howland,

Enclosed please find applications for 11 systems to be part of the Knollwood Energy of MA LLC (NH-II-13-089) Class II Photovoltaic aggregation for New Hampshire Renewable Energy Certificates (RECs) generated from customer-sited sources, pursuant to New Hampshire Code of Administrative Rules Puc 2506.

Also enclosed are the Simplified Process Interconnection Application and Service Agreement, and the Certificate of Completion.

Electronic versions have been entered into the new online application system under batch number KN16002.

Raymond Belanger

Leanne Rosenberg

Ryan Melchionno

Larry Stenger

Robert Miller

Keith Strang

Lori Oliveira

Stacey Tremblay

Mike Reed

David Uebele

Rob Remsen

Please feel free to contact me with any questions or further instructions. Thank you for your consideration,

Linda Modica
New England REC Operations Manager
Knollwood Energy of MA LLC
973.879.7826
linda@knollwoodenergy.com

NH Public Utilities Commission

REC Aggregator Portal

New Users CLICK HERE to setup your account for this form. Creating an account enables you to partially complete the form and return later to finish it or to make changes after the form is submitted. Be sure to create your account BEFORE entering information into the form, or the information will be lost.

Existing Users CLICK HERE
Basic Information
Who is submitting this request?
Aggregator
Aggregator Batch Number
KN16002
Executive Director email
PUC - Executive.Director
Aggregator name
Knollwood Energy
Aggregator Email
linda@knollwoodenergy.com
Other Aggregator name
Other aggregator email address
Facility Owner Name
Mike Reed
Facility Owner email
mreed603@gmail.com
Owner Phone
603-518-5717

Facility Address
9 Southgate Dr
Facility Town/City
Bedford
Facility State
NH
Facility Zip
03110
Is the facility address the same as the owner's mailing address
Yes
O No
Mailing Address
Mailing Town/City
Mailing State
Mailing Zip
Primary Contact (who should we call with questions)
Linda Modica
Contact Phone
Contact Phone
Other Farell Address
Other Email Address
Facility Information
Class
Utility
Eversource

Other Utility Name
To obtain a GIS ID contact:
James Webb
408 517 2174
jwebb@apx.com
GIS ID (include "NON")
NON57139
Date of Initial Operation
07/31/2015
Facility Operator Name, if applicable
Panel Quantity
36
Panel Make SunEdison
Panel Model
F270
Panel Rated Output
270
System capacity based on panels
0.0972
Inverter Quantity
36
Inverter Make
Enphase Energy
Inverter Rated Output 215
I SA I V

Add'l Inverter Quantity
NA
Additional Inverter Make
None
Add'i Inverter Model
Rated Output - Primary Inverter
215
Rated Output - Additional Inverter
System capacity based on single inverter make
0.08
System capacity based on two inverter types
System capacity in mW as stated on the interconnection agreement
7.74
Revenue Grade Meter Make
Hialeah
Was this facility installed directly by the customer (no electrician involved)?
O Yes
● No
Electrician Name & Number
Justin Thomas0366C
Other Electrician Name & Number
Installation Company
Granite State Solar
Other Installation Company Name

.

Other Inst. Company Address
Other Inst. Company City
Other Inst. Company State
Other Inst. Company Zip
Independent Monitor Name & Company
Paul Button - Energy Audits Unlimited
Other Monitor Name and Company
Is the installer also the equipment supplier? Yes No
Equipment Vendor
Please attach your completed interconnection agreement including Exhibit B.
https://fs30.formsite.com/jan1947/files/f-5-99-5798274_0qbdqAll_Reed_SPIA.pdf
The project described in this application will meeet the metering requirements of PUC 2506 including:
Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independent minitor or a designated representative.
A revenue quality meter is used to measure the electricity generated.
The facility owner has certified to the independent monitor that the meter operaes according to manufacturing standards.

The meter shall be maintained according to the manufacturer's recommendations.

The project is installed and operating in conformance with applicable building codes.

A copy of the facility's interconnection agreement is attached.

Please a	attach	additional	document	here
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https://fs30.formsite.com/jan1947/files/f-5-168-5798274_QjCLVjpl_MReed_NHOS.pdf

Please attach additional document here

https://fs30.formsite.com/jan1947/files/f-5-173-5798274_yCE59wA1_MReed_COC.pdf

Aggregator statement of accuracy

Sign your name using a mouse or, if you are using a touch-screen device, a stylus or other pointer.

Print Name

Linda Modica

Date Signed

01/11/2016

RECEIVED

EVERSOURCE INTERCONNECTION STANDARDS FOR INVERTERS SIZED UP TO 100 KVA

JUN 1 6 2015

Simplified Process Interconnection Application and Service Agreement

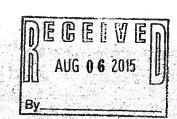
SESD

Contact Information:			
Legal Name and Address of Interconnecting	o Customer (or, Commany name i	f annonciate)	
Customer or Company Name (print): Miles		i appropraise;	
Contact Person, if Company:			
Mailing Address: 9 Southgate Dr			
	State: New Hampshire	gi. O. J.	03110
Pelephone (Daytime): (603) 518-5717	State:	Zip Code:	
	(EW	ening); ss: mmed603@gmail.com	
Facsimile Number:	E-Mail Addre	32: Haradoooffidalisarcool	
Alternative Contact Information (e.g., S Name: Granile State Solar	ystem installation contractor or co	ordinating company, if ar	propriate):
Mailing Address: 197 North Main St			
City: Boscawen	State: New Hampshire	Zip Code;	03303
Felephone (Daytime): (603) 389-4318		ening):	
Facsimile Number:	E Mail Add	ss: justin@granitestatesot	ar.com
Electrical Contractor Contact Informati Name: Mailing Address:	ion (if appropriate):		
Name:		ZinCode	
Name: Mailing Address: City:	State:	Zip Code:	맛있다면 얼마요한 그는 그 그리겠다고요 그리는 그리
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Name: Mailing Address: City: Celephone (Daytime): Facsimile Number: Facility Site Information:	State:(Ev	ening):	맛있다면 얼마요한 그는 그 그리겠다고요 그리는 그리
Name: Mailing Address: City: Celephone (Daytime): Facsimile Number: Facility Site Information: Facility (Site) Address: Pacility (Site) Address: Pacility (Site) Address:	State:(Ev	ening):	
Name: Mailing Address: City: Celephone (Daytime): Facsimile Number: Facility Site Information: Facility (Site) Address: 9 Southgate Or City: Bedford	State:(Ev	ening):	
Name: Mailing Address: City: Celephone (Daytime): Facsimile Number: Facility Site Information: Facility (Site) Address: Bedford Electric	State:(Ew	ening):Zip Cede:	03110
Name: Mailing Address: City: Felephone (Daytime): Facsimile Number: Facility Site Information: Facility (Site) Address: Bedford Electric Service Company: Eversource	State:(Ew	ening): Zip Code: Meter Nun	03110 aber: S71058817
Name: Mailing Address: City: Celephone (Daytime): Cacsimile Number: Caclity Site Information: Caclity (Site) Address: Caclity: Bedford Clectric Cervice Company: Account and Meter Number: Please consul	State:(Ev	zip Code: Meter Nun	03110 aber: S71058817 count Number and Meter
Name: Mailing Address: City: Celephone (Daytime): Facsimile Number: Facility Site Information: Facility (Site) Address: Bedford Electric	State: (Ew	zip Code: Meter Nun	03110 aber: S71058817 count Number and Meter
Name: Mailing Address: City: Celephone (Daytime): Facsimile Number: Facility Site Information: Facility (Site) Address: Seculity (Site) Address: Seculity: Seculity Bedford Clectric Service Company: Account and Meter Number: Please consult Number on this application. If the facility in the	State: (Ew	zip Code: Meter Nun	03110 aber: S71058817 count Number and Meter
Name: Mailing Address: City: Felephone (Daytime): Facsimile Number: Facility Site Information: Facility (Site) Address: Service Company: Account and Meter Number: Please consulting and Meter Number: Please consulting application. If the facility in the facility	State: (Ew	zip Code: Meter Nun	03110 aber: S71058817 count Number and Meter

EVERSOURCE INTERCONNECTION STANDARDS FOR INVERTERS SIZED UP TO 100 KVA

Simplified Process Interconnection Application and Service Agreement

Facility Machine Information: Generator/	Model Name &	
Inverter Manufacturer: Enphase	Number: m215	Quantity: 36
Nameplate Rating: 215 (kW)	(kVA) 240 (AC Volts)	Phase: Single Three
Nameplate Rating: The AC Nameplate rating of		
System Design Capacity: 7.74 (kW	살이 그는 그들 없이 말하다면서 바람이 가득하게 하지 않는데 그 이 이 이 없는데 없다는데 없다.	Yes 🔲 No 🎆
System Design Caparity: The system total of the sum of the AC nameplate ratings of all Inverter		
Net Melering: If Renewably Fueled, will the ac	count be Net Metered? Yes 🔳 💮 No 🕻	
Prime Mover: Photovoltajo 🔳 Reciprocati	ng Engine Fuel Cell Turbine	Other
Energy Source: Solar Wind Hydro	Diesel Natural Gas Fuel O	II □ Office
Inverter-based Generating Facilities:		
UL 1741 / IEEE 1547.1 Compliant (Refer Te Pr	ert Puc 906 Compliance Path For Inverter U	its, Part Puc 906.01 Inverter Requirements)
The standard UL 1741.1 dated May, 2007 or las Systems," addresses the electrical interconnecti submit their equipment to a Hationally Recogni	on design of various forms of generating ex	pripment. Many manufacturers choose to
term "Listed" is then marked on the equip provided by the inverter manufacturer descri	pment and supporting documentation	. Please include, any documentation
External Manual Disconness Switch;		
An External Manual Disconnect Switch shall be Interconnections For Facilities, Pac 905.01 Regul		
Yes No		
Location of External Manual Disconnect Switch	h: Next to the meter	
Project Estimated Install Date: July	Project Estimated In-Sc	rvice Date: July
Interconnecting Customer Signature:		
I hereby certify that, to the best of my knowled- and Conditions for Simplified Process Interc		pplication is true and I agree to the <u>Terms</u>
and Conditions for Sungimen Francis ander	manuscrapits municipa instew.	
Customer Signature:	Title: Homeowner	Date: 6-16-15
Please include a one-line und/or three-line did point in relation to the customer service panel returned.	gram of proposed installation. Diagram and the Eversource meter socket. Applicant	nust indicate die generator connection utions without such a diagram may be
	For Eversource Use Only	
Approval to Install Facility:		
Installation of the Facility is approved continge		pirfied Process interconnections of this
Agreement, and agreement to any system modi	No. To be Determined	
Are system modifications required? Yes		
Company Signature: Wahau h	Usta Tile: Se En	GINEER Date: Leftle /15



Eversource

Interconnection Standards For Inverters Sized Up To 100 kVA Exhibit B - Certificate of Completion for Simplified Process Interconnections

Installation Information: Check If o	wner-installed	
Customer or Company Name (print): Mike Ree		
Contact Person, if Company:		
Milling Address: 9 Southgate Dr		
City: Bedford	State: New Hampshire	Zip Code: 03110
Telephone (Daytime): (603) 518-5717	(Evening):	
Faceimile Number,	B-Mail Address; (Trend603)	<u>agmail.com</u>
Facility Information:		
Address of Facility (if different from above):		
City:	Sunter	Zip Code:
Electrical Contractor Contact Informations		
Electrical Contractor's Name (if appropriate): Gre	nite State Solar	
Mailing Address: 197 North Main St		
City: Boscawen	State: New Hampshire	Zip Code: 03383
Telephone (Dayrime): (603) 369-4318	(Evening):	
Facsimile Phumbers	E-Mail Address: justin@gra	nitestatesolar.com
License number, 0366 C		
Date of approval to install Pacifity granted by the C	Бицину:	
Eversource Application ID number: #13.5 6.9		
laspection:		
The system has been installed and inspected in con	pliance with the local Building/Elec	brical Code of:
an Bedford, NH	County: Hitsboroogl	
Signed (Local Electrical Wiring Inspector, or attack	rigned electrical inspection):	
Signature Warme a Parker	4	
Name (primed): UWAYN-S A.	Richalden	Date: 4 811 15
Customer Certification:		
I hereby certify that, to the best of my knowledge, a Completion is true and correct. This system has be standards. Also, the initial start-up test regulard by	en installed and shall be operated in	compliance with applicable
Customer Signature:		

As a condition of interconnection you are required to send/fax a copy of this form to:

Eversource
Distributed Generation
780 North Commercial Street
P. O. Box 330, Manchester, NH 03105-0330
For No.: (603) 634-2924

New Hampshire PUC REC Certification Application Owner Statements

The information provided on this application for New Hampshire Renewable Energy Certificate eligibility is accurate to the best of my knowledge and I authorize Knollwood Energy to act on my behalf in filing said application.

The project described in this application will meet the metering requirements of PUC 2506 including:

Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independent monitor, or a designated representative.

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The meter shall be maintained according to the manufacturer's recommendations.

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A copy of the facility's interconnection agreement is attached.

Mil	(
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Printed Name of signature owner

Mike Reed (Oct 19, 2015)

Signature of system owner